



City of Columbus
Personnel Office
123 Washington Street
Columbus, IN 47201
812-376-2570 Fax 812-376-2579

Application Number: _____

Application Form

Equal Opportunity Employer- Discrimination in employment because of race, religion, creed, color, natural origin, ancestry, disability, age, sex, or liability for service in the Armed Forces of the United States is prohibited by City policy. In addition, the City employment policy requires compliance with national and state employment practices, laws, and regulations. The City is an equal opportunity employer.

Date: _____

Last Name First Name M.I.

Address1

Address2

City State Zip

Day Phone Night Phone Cell Phone

Email Address: _____ Social Security #: _____

Position Applied For: _____ Department: _____

Are you 18 years or older? ☐ Yes ☐ No If no, state age: _____

Have you ever worked for the City of Columbus? ☐ Yes ☐ No

If yes, Name used when employed: _____

Department Worked In: _____ Dates of Employment: _____

Is any member of you family employed by the City of Columbus? ☐ Yes ☐ No

If yes, provide Name, Relation, and Department: _____

Have you ever been convicted, pled nolo contendere, plead guilty, or had the adjudication of guilt withheld for any offense(s) other than Minor Traffic Violations?

☐ Yes ☐ No

If yes, what charge(s)? _____

Country/ State: _____ Date(s): _____

Can you show proof of eligibility to work in the United States?

☐ Yes ☐ No

If offered employment with the City, you will be required by federal law, to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents can not work for the City.

Education

High School: _____

Address: _____

Received: ☐ Diploma ☐ Certificate of Completion ☐ G.E.D.

College, University or Professional School:

Address: _____

Major/Minor Course of Study _____ Did you graduate? ☐ Yes ☐ No

Type of Degree received? _____

Experience

Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps of employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All information in this section must be completed.

Name of Present or Last Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ LaterWage/Salary: \$ _____ ☐ Part Time ☐ Full Time

Name of Previous Employer:

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ LaterWage/Salary: \$ _____ ☐ Part Time ☐ Full Time

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ Later

Wage/Salary: \$ _____ ☐ Part Time ☐ Full Time

Name Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ Later

Wage/Salary: \$ _____ ☐ Part Time ☐ Full Time

Comments including explanation of any gaps in employment:

Military Service

If hired can you provide a copy of your DD 214?

Branch: _____ Dates: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Drivers License

Please complete only if applying for a position which requires driving as stated in posted job requirements.

Issuing State: _____ License #: _____

CDL Classification, if applicable: _____

With previous employment, within the last 2 years, have you participated in random testing for substance abuse? ☐ Yes ☐ No

Other Licensure, Registration, Certification: *Examples PE, CPA, Wastewater-Drinking Classification*

Type of License: _____ Issuing State: _____

License or Certification #: _____

List experience, education, or training you have had which particularly qualifies you for the job for which you are applying?

List any machinery or motor equipment you operate efficiently:

List Clerical Skills, Interaction Skills, Organizational Skills:

List Computer Skills/Knowledge:

Personal References

Please list three individuals who are not related to you and do not live with you.

Name 1: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known? _____

Name 2: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known? _____

Name 3: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known? _____

Conclusion

I hereby certify that to the best of my knowledge all of the information contained in this application is true.

All statements on the application and attachment are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of the application and / or termination of employment.

I authorize anyone to whom request is made to supply the City with any relevant information concerning my background in connection with employment consideration. I hereby release all parties including, but not limited to the City and my prior employers, from any and all liability for damage that may result from their furnishing information concerning me.

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration of employment.

I understand that if the City employs me, my employment will be at the will and pleasure of the City and may be terminated by the City at any time.

I understand that my employment, if for a driving position, is contingent upon having a clean driving record for the immediate past three years, and I hereby give my permission to the City to make investigations related to this contingency.

Columbus has a policy on residency- as applicable with local ordinance and State law. I understand that if offered employment, I will have six (6) months to meet this requirement.

Applicant Signature

Date

**An Equal Opportunity Employer
M/F/V/H**



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The Indiana Code For The Driver's Protection Act

Effective July 1, 1997, the State of Indiana implemented the Indiana Driver Protection Act. Under this statute, disclosure of personal information by the Indiana Bureau of Motor Vehicles is strictly limited.

By signing below, you authorize the City to make necessary requests of the Indiana Bureau of Motor Vehicles.

The information will only be used as necessary for the City of Columbus to carry out it's functions.

Social Security Number

Candidate

Date



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*The following statistical information is required for compliance with Federal Laws.
The information requested is voluntary and will remain separate from your application for employment.*

Position Applied For: _____ **Department:** _____

Category:

- | | | |
|--|---|---|
| <input type="checkbox"/> Official & Admin. | <input type="checkbox"/> Technician | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Protective Service | <input type="checkbox"/> Skilled Craft |
| | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Service-Maintenance |

EEO Codes:

- ☐ Male ☐ Female

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian or Pacific Island |
| <input type="checkbox"/> Hispanic (Spanish Origin) | <input type="checkbox"/> Other |

Age:

- ☐ Under 16 ☐ 16 - 39 ☐ 40 - 70

Are you a Veteran?

- ☐ Yes ☐ No

If yes, are you a Vietnam Era Veteran?

- ☐ Yes ☐ No

Other Eligible Veteran? _____

Referral Source:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Advertising / Newspaper | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Website / Internet | |
| <input type="checkbox"/> Agency Referral | <input type="checkbox"/> Friend / Employee | |